

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000001289

**Entity Name:** OPEN DOOR WOMEN'S CLINIC, INCORPORATED**Current Principal Place of Business:**1395 CROSS CREEK CIRCLE  
TALLAHASSEE, FL 32301**Current Mailing Address:**PO BOX 7146  
TALLAHASSEE, FL 32314**FEI Number:** 59-3577270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLLAZO, MIGUEL  
119 S. MONROE STREET, STE. 300  
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	MANGAN, LYNN
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	VP
Name	GRANT, ERIC
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	PEARSON, MICHAEL
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	MOLESKI, CHRISTINE
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	LLOYD, JACQUELINE
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	COLLAZO, MIGUEL
Address	1395 CROSS CREEK CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: LYNN MANGAN****PRESIDENT****04/24/2018**

Electronic Signature of Signing Officer/Director Detail

Date